

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN528HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAXIM HEALTHCARE SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>245 EAST LIBERTY STREET, SUITE 100 RENO, NV 89504</b>		
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H 00	<p><b>INITIAL COMMENTS</b></p> <p>A state licensure survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005, from August 18, 2008 to August 26, 2008.</p> <p>The following regulatory deficiencies were noted during the survey:</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	H 00		
H134 SS=C	<p><b>449.770 Governing Body; Bylaws</b></p> <p>9. The governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency. This Regulation is not met as evidenced by: Based on record review and staff interview, it was determined the governing body appointed the Director of Clinical Services to the position of Administrator without first establishing if there was sufficient time allotted to perform the duties of both positions.</p> <p>Findings include:</p> <p>Employee #4 was appointed the administrator of the agency in February 2008. Since this time the employee has responsibility as the Director of Clinical Services (DOCS) and the Administrator. Review of the job description for DOCS revealed that the initiation of the plan of care and</p>	H134		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H134	Continued From page 1  re-certification process is a primary responsibility of the DOCS. However, there were 5 of 17 patient records identified as not meeting the Nevada Administrative Code (NAC) 20 day requirement for obtaining physician signatures on verbal medical orders.  Review of the job description for the administrator indicated a knowledge of state regulatory guidelines was a primary responsibility. However, there were 6 of 17 employees lacking pre-employment physicals based on review of employee files.  Additionally, the infection control surveillance program was incomplete as evidenced by no data recorded for the second quarter of 2008. Also, the medical chart review data monitoring was incomplete for two quarters of 2008.  Interview with employee #4 revealed that she did not have time to complete all the necessary tracking of data required for performance indicators and chart audits.  Severity: 1 Scope: 3	H134			
H153 SS=E	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and	H153			

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H153	Continued From page 2  This Regulation is not met as evidenced by: Based on review of personnel records it was determined that five of 17 records did not have a pre-employment physical or certification from a licensed physician.  Findings include: Employee records #2, #9, #10, #11 and #13 did not have a physical indicating that before initial employment, the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.  Severity: 2 Scope: 2	H153		
H180 SS=C	449.793 Evaluation by Governing Body  6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each area. Each subunit agency must establish a committee to review cases within its area.	H180		

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H180	<p>Continued From page 3</p> <p>Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on record review, it was determined the Governing Body did not ensure that 10 percent of the home health agency clients medical records were reviewed on a quarterly basis.</p> <p>Findings include:</p> <p>Review of the clinical audit review information from the most recent 12 month period ending July 31, 2008, provided during the survey, revealed that the agency recorded the following information dated September 27, 2007: 64 total patients, five patient charts were reviewed for a total of 8%. On May 5 and 6, 2008, 82 patients, five charts were reviewed for a total of 6%. The review was conducted by the Regional Director of Clinical Services.</p> <p>The Maxim Home Health Agency Program Evaluation 2008 indicated that record reviews are conducted as frequently as needed, but at least once a year, not quarterly as required by the Nevada Administrative Code.</p> <p>Documentation of additional medical record review information conducted by agency staff revealed that the agency had conducted quarterly reviews until the fourth quarter of 2007. In the fourth quarter (October, November and December) of 2007, the agency did the review but not all disciplines participated. The Director of Clinical Services was the only professional that conducted the review. It was noted that patterns of the clinical record review were brought forward to the professional advisory committee from this review.</p>	H180			

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H180	Continued From page 4  In the first quarter (January, February, and March) of 2008, the Director of Clinical Service and the occupational therapist participated in the reviews but not a physical therapist, speech therapist or social worker. No patterns or trends were brought forward.  In the second quarter (April, May and June) of 2008 the quarterly review was not completed.  Interview with the Director of Clinical services confirmed the above information.  Severity: 1 Scope: 3	H180			
H195 SS=E	449.800 Medical Orders  2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review and staff interview it was determined the agency failed to maintain a system for obtaining physician signatures on current medical orders within 20 working days after receipt of the plan of care for 5 of 17 clients. (Client's #1, #3, #13, #12 and #7)  Findings include:  Client record #1 revealed a start of care date of 2/6/08 with a certification period through 4/5/08. The physician signature on the medical orders was dated 4/9/08. The home health agency services for the client were for skilled nursing to	H195			

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H195	<p>Continued From page 5</p> <p>administer Solumedrol intravenous times three days. The physician's signature on the discharge summary was also dated 4/9/08.</p> <p>Client record #3 revealed a start of care date of 4/18/08 with a certification period through 6/16/08. The physician signature on the medical orders was dated 6/25/08. The home health agency services for the client were for skilled nursing to teach and evaluate medication management and effects. Interview with the Director of Clinical Services confirmed the patient was discharged on 4/30/08.</p> <p>Client record #13 revealed a start of care date of 4/28/08 with a certification period through 6/26/08. The physician signature on the medical orders was dated 7/29/08.</p> <p>Client record #12 revealed a start of care date of 6/15/08 with a certification period from 6/15/08 through 8/13/08. The physician signature was dated 7/15/08. Review of the medical record revealed there was no current plan of care and updated physician orders completed prior to the end of the certification period.</p> <p>Interview with the Director of Clinical Services on 8/20/08 confirmed the re-certification assessment and updated plan of care was missed. The Director of Clinical Services indicated on 8/26/08 that the physical therapist conducted the final assessment of the patient's functional status and recommended discharge as the client no longer needed therapy services as of 8/13/08.</p> <p>Patient #7's record revealed a start of care date of 3/3/08. The plan of care recertification period was 7/1/08 to 8/29/08. The physician had not signed the orders until 8/29/08.</p>	H195			

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H195	Continued From page 6	H195		
	Severity: 2 Scope: 2			
H199 SS=B	<p>449.800 Medical Orders</p> <p>7. All orders must be renewed in writing by the physician at least every 62 days. This Regulation is not met as evidenced by: Based on record review and staff interview it was determined the agency failed to ensure one of 17 records had re</p> <p>Client record #12 revealed a start of care date of 6/15/08 with a certification period from 6/15/08 through 8/13/08. The physician signature was dated 7/15/08. Review of the medical record revealed there was no current plan of care and updated physician orders completed prior to the end of the certification period.</p> <p>Interview with the Director of Clinical Services on 8/20/08 confirmed the re-certification assessment and updated plan of care was missed. The Director indicated that the physical therapist conducted the final assessment of the patient's functional status and recommended discharge as the client no longer needed therapy services as of 8/13/08.</p> <p>Severity: 1 Scope: 2</p>	H199		

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